

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Hearing Aid Providers
Audiologists
Managed Care Organizations

Memorandum No: 07-73
Issued: December 3, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Hearing Aids and Services: Billing Change

HRSA has changed the way hearing aid providers complete the 1500 Claim Form when billing for services provided to HRSA clients. This memorandum explains the change.

What has changed?

HRSA no longer requires providers to put the Children with Special Health Care Needs (CSHCN) coordinator's initials in *field 24k* on each detail line of the 1500 Claim Form when billing HRSA for hearing aids and services.

Billing Instructions Replacement Pages

Attached are updated replacement pages D.5-D.6, E.1-E.2, and H.1-H.2 for HRSA's current *Hearing Aids and Services Billing Instructions*.

Contact Information

Send reimbursement issues, questions, or comments to:	Send authorization issues, questions, or comments to:
Hearing Aids and Services Rates Manager Professional Reimbursement Section Division of Business and Finance PO Box 45510 Olympia, Washington 98504-5510 360.725.1853 Fax # 360.753.9152	Hearing Aids and Services Program Manager Health and Recovery Services Administration Division of Healthcare Services PO Box 45506 Olympia Washington 98504-5506 360.725.1570 Fax # 360.586.1471

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Hearing Aids & Services Coverage Table for Children

Hearing Aids for Children (0-20 years of age)

To receive payment from HRSA, hearing aids, equipment and services for children must be medically necessary and meet the eligibility and criteria in section D of these billing instructions.

Children with Special Health Care Needs (CSHCN), **who are 0-17 years of age**, are required to have a CSHCN stamp.

The CSHCN stamp with CSHCN coordinator signature must be in *field 23* of the 1500 Claim Form.

The following procedure codes are the **only procedure codes** HRSA pays for under the Hearing Aids and Services program.

Hearing Aid, Repair/Modification

Code Status	Procedure Code	Modifier	Brief Description	EPA/PA	Policy/Comments
U	V5014	RT, LT or RP (for casing only)	Repair/modification of a hearing aid		(Includes parts and labor.) Used when billing for repair of an analog hearing aid . Maximum of 2 repairs in 1 year.
		RT, LT or RP (for casing only)		Use V5014 with EPA 870001021	When billing for repair of a digital hearing aid . Maximum of 2 repairs in 1 year.

Legend

LT = Left

U = Updated

RT = Right

D = Discontinued

RP = Replacement

N = New

RR = Rental

= Not covered

Revised 12/3/2007

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- D.5 -

Coverage Table - Children
Denotes Change

Hearing Aid, Body Worn, Monaural (1 aid)

	V5030	RT, LT, or RP	Hearing aid, monaural, body worn, air conduction		
	V5040	RT, LT, or RP	Hearing aid, monaural, body worn, bone conduction		

Hearing Aid, Body Worn, Binaural (2 aids)

U	V5100		Hearing aid, bilateral, body worn		
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High Powered Hearing Aids (V5050, V5060, V5130, and V5140)

HRSA pays for a high powered hearing aid only when the client meets **all of the following criteria:**

How does a client qualify for a high powered aid?

To qualify for a high powered hearing aid, the client must have an average of 50 dBHL in the better ear and meet the following:

- Average* of **90 dBHL** in the ear that is being aided; or
- **Progressive hearing loss** of more than 20 dBHL average pure tone frequency on subsequent audiograms. Verification must be kept in the client's records.

When does HRSA pay for a "high powered" digital hearing aid?

HRSA pays for a **high powered aid** when the client has severe-profound hearing loss in the ear that is being aided, or has progressive hearing loss. A more powerful aid must be digital and have the following:

- A directional microphone;
- An internal noise control; and
- A feedback control cancellation (not feed back management)

Modifiers

LT = Left

RT = Right

RP = Replacement

RR = Rental

Authorization

What is prior authorization?

Prior authorization is HRSA and/or Department of Health approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization and limitation extensions are forms of prior authorization.**

Prior Authorization for Children

Prior authorization is required for all hearing aid equipment or services for children. The local Children with Special Health Care Needs (CSHCN) coordinator in the county where the client resides (see page H.1) authorizes all hearing aid equipment or services for children **except** FM Systems. FM Systems are authorized by the Health and Recovery Services Administration (HRSA) through the Expedited Prior Authorization (EPA) process.

Requesting prior authorization from the client's local CSHCN coordinator

Prior to dispensing equipment and/or related services, providers must send a completed 1500 Claim Form, including all backup documentation, to the local CSHCN coordinator (see page H.1). Each requested item or service must be identified using the appropriate procedure code.

1. The CSHCN coordinator reviews the request to verify that required otological and audiological examinations have been provided and certifies the medical necessity of requested equipment or service.
2. If results of the examinations show the criteria have been met, the CSHCN coordinator puts the CSHCN stamp and his or her signature in *field 23* of the 1500 Claim Form.

3. The CSHCN coordinator returns the form to the provider, who may proceed to dispense the equipment and/or services authorized by the CSHCN coordinator. A copy of the list of authorized equipment and/or services will be kept by the CSHCN coordinator.
4. After the hearing aid equipment has been dispensed or the approved service provided, the provider bills HRSA by submitting the 1500 Claim Form stamped, signed, and initialed by the local CSHCN coordinator. (See "Important Contacts" for billing address.) The provider is responsible for following HRSA billing instructions to receive payment.

Prior Authorization for Adults

Prior authorization is required for adults for the following services:

1. Bone conduction hearing aids; and
2. Binaural hearing aids.

How do I obtain prior authorization?

When requesting prior authorization for one of the above services, fill out and return to HRSA the Fax/Written Request form found on the next page (or a form with similar information).

Send or fax your request to:

HRSA – Division of Medical Management
Attn: Medical Request Coordinator
PO Box 45506
Olympia, WA 98504-5506
FAX: 360.586.1471

Completing the 1500 Claim Form

Attention! As of April 1, 2007, HRSA will no longer accept the old HCFA-1500 claim form (version 08/05).

Note: HRSA encourages providers to make use of electronic billing options.
For information about electronic billing, refer to the *Important Contacts* section.

Refer to HRSA's current *General Information Booklet* for instructions on completing the 1500 claim form. You may download this booklet from HRSA's website at: <http://maa.dshs.wa.gov/download/Billing%20Instructions%20Web%20Pages/General%20Information.html> or request a paper copy from the Department of Printing (see Important Contacts section).

The following 1500 claim form instructions relate to **Hearing Aids and Services**. Click the link above to view general 1500 claim form instructions.

For questions regarding claims information, call HRSA toll-free:

800.562.3022

Field No.	Name	Field Required	Entry
19.	Reserved for Local Use	When applicable	Enter: <ul style="list-style-type: none"> • "B" - Baby on parent's PIC; or • When billing for children, the expedited prior authorization (EPA) number or prior authorization (PA) number.
23.	Prior Authorization Number	When applicable	Use the prior authorization number assigned to you if/when services have been denied and you are requesting an exception to policy. For children: The CSHCN coordinator's stamp and signature must be indicated here. The EPA number or PA number must be entered into field 19. DEPARTMENT OF HEALTH/CSHCN COORDINATOR X _____

Hearing Aids & Services

Field No.	Name	Field Required	Entry
24D.	Procedures, Services or Supplies CPT/HCPCS	Yes	Enter the appropriate Current Procedural Terminology (CPT) or Common Procedure Coding System (HCPCS) procedure code for the services being billed. Modifier: When appropriate enter a modifier.

Not changing this page.